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Patient views on primary care services for epilepsy and areas where additional professional knowledge would be welcome

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In the past decade there has been increasing interest in the part that general practice can play in the care of people with epilepsy. Primary care services for epilepsy vary from practice to practice. Some studies have suggested that people with epilepsy prefer secondary care services and are not keen for their epilepsy to be managed in general practice, but much of the data were collected in secondary care. This study collected data from various sources about present provision of services, patient satisfaction with services, views about service development, areas where GP knowledge may be improved and whether the site of data collection influenced the results.

A questionnaire was piloted, then distributed and collected through branches of the British Epilepsy Association, general practice and secondary care clinics. Data collected were both quantitative and qualitative.

One hundred and seventy-eight questionnaires were collected from three sources. The responders were a severe seizure group. Structured care in general practice was uncommon with 54% being seen only when needed. Dose and type of antiepileptic medication was rarely altered in general practice. Information about their condition was given to 44% of the responders by their GP. Sixty-one percent would prefer their epilepsy care to be 'shared' between primary and secondary services.

The majority of patients were satisfied with GP services, felt they could easily discuss their epilepsy, but 58% felt they 'rarely' or 'never' received enough information about their condition in general practice. Satisfaction with GP care varied, dependent on where the data were collected. Patients would value more information and more time to discuss the effects of their epilepsy.

In conclusion general practice care for epilepsy is still reactive. Patients value more information and more time to discuss implications. The data collection point affects the results; any conclusions about the organisation of epilepsy care should draw data from community patient samples.

Key words: epilepsy; general practice; patient views; services; education.

INTRODUCTION

What role should the general practice team have in the management of epilepsy? Most people with epilepsy have seen their general practitioner (GP) for their epilepsy in the last 12 months[1,2]; therefore, it would seem to be major. However, historically the role in many practices has been found to be small and open to improvement[1,3–6].

The last decade has seen a greater interest in the increasing part general practice can play in epilepsy care. A number of care guidelines have been produced and welcomed[7–12]. Local guidelines, though, are still an exception rather than the rule and the role of general practice still varies from practice to practice, often dependent on the interest of a particular partner.

In pursuing what the future role of general practice in epilepsy care could be, it is logical to ask the consumer what services they would like from their general practice and their feelings about the present services.

It has been suggested that people with epilepsy prefer to have their epilepsy managed in secondary care and that they are not keen for their epilepsy to be man-

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aged in general practice[13], but much of the data were collected in secondary care and this may have biased the results. Arguably, it is therefore sensible to collect data from different health contact points to obtain a balanced view on this issue.

MATERIALS AND METHODS

Objectives

The objectives of the study were:

(1) to identify the services presently provided for epilepsy in general practice;

(2) to identify patient satisfaction with services as a whole;

(3) to ascertain patient views on their preference for service delivery;

(4) to identify areas of general practitioner knowledge which patients feel needs improvement; and

(5) to determine whether the site of data collection influences results.

Methodology

A pilot questionnaire was completed by six people with epilepsy. After receiving comments the questionnaire was updated and then distributed to people with epilepsy (see Appendix). Distribution was as follows.

(a) General practice: six questionnaires by post to seven general practitioners without a special interest in the condition, who distributed these to patients known to have the condition.

(b) Secondary care clinics: personal distribution by epilepsy liaison nurses.

(c) British Epilepsy Association (BEA) branches: personal distribution by branch chairpersons.

A response rate cannot be calculated as it is not known how many questionnaires were distributed in total.

Both quantitative and qualitative data were collected. Quantitative data were analysed on Statistical Package for the Social Sciences (SPSS/PC+, version 4).

RESULTS

Distribution/collection points ($n = 178$)

A hundred and two (57%) questionnaires were collected in secondary care clinics. Forty-five (25%) were from BEA branches and 31 (18%) were from general practices.

Characteristics of responders ($n = 178$)

Of the responders 105 (60%) were female and 70 (40%) were male. Eighty-five (48%) were diagnosed at 16 years or under, 81 (45%) were diagnosed between 17 and 59 years of age, and 12 (7%) were diagnosed at age 60 or above. Forty-eight (27%) were seizure free, 37 (21%) had between one and 12 seizures per annum and 93 (52%) had over 12 seizures per annum. When comparing seizure frequency and the collection point of the data, there was a significant difference between general practice and secondary clinics ($P \leq 0.000$ chi-squared), and general practice and BEA branches ($P \leq 0.001$ chi-squared) with general practice responders having fewer seizures. Fifty-three (31%) were employed full time, 19 (11%) were employed part time, 11 (6%) were unemployed and seeking work, 35 (20%) were unemployed and not seeking work, 17 (10%) were in education, 18 (11%) were retired due to epilepsy and 18 (11%) were retired. When comparing employment status and the collection of point of the data (using chi-squared) there was no significant difference between the sources.

Of those who replied through general practice or hospital, 57 (44%) had been in contact with one of the United Kingdom epilepsy voluntary organisations at sometime ($n = 130$).

Information provision about epilepsy and its potential implications

Table 1 outlines a number of topics and whether patients could recall ever having been provided with information about them ($n = 178$). Table 2 refers only to females outlining two additional questions ($n = 105$).

Table 1: Information provision ($n = 178$).

Topic	Patients recalling information provision	
	Number	%
What is epilepsy?	114	(64)
Employment	53	(30)
First aid	31	(17)
Driving	104	(58)
Photosensitivity	74	(42)
Alcohol	81	(46)
Causation	87	(49)

Table 2: Information provision specific to women ($n = 105$).

Topic	Patients recalling information provision	
	Number	%
Contraception	31	(30)
Pregnancy	36	(34)

Who provides information on epilepsy and its potential implications? (n = 123)

Of those who recalled receiving some information about epilepsy and its potential implications, 55 (44%) said that a GP had provided some or all of the information, 92 (77%) stated a hospital doctor had, 12 (10%) stated a hospital or practice nurse had, 13 (11%) stated other people like a counsellor or epilepsy voluntary sector worker had.

The percentages add up to more than 100%, because a number of people stated more than one person had provided some information.

Present general practice services

How frequently do people say they see their GP for their epilepsy? (n = 175)

Table 3 outlines how frequently people see their GP for epilepsy. When comparing how frequently people see their GP for their epilepsy and the collection point of the data (using chi-squared) there were no significant differences between the sources.

Table 3: Frequency of visiting GP about epilepsy (n = 175).

	Number	Percentage
Monthly	10	(6)
Every 3 months	20	(11)
Every 6 months	19	(11)
Every 12 months	8	(4)
Only when needed	94	(54)
Never	24	(14)

Do people receive an invitation from their GP to review/discuss their epilepsy? (n = 168)

Fifteen (9%) did receive an invitation, of which nine stated how frequently this was, all except one being at least annually.

When comparing whether people receive an invitation from their GP to review/discuss their epilepsy and the collection point of the data there were no significant differences between the sources (using chi-squared).

How many people attend a special clinic for epilepsy at their general practice? (n = 177)

Five (3%) did attend a special clinic, 122 (69%) did not and 50 (28%) did not know whether a special clinic existed or not.

How many people have seen a practice nurse for their epilepsy? (n = 176)

Twelve (7%) have seen a practice nurse about their epilepsy, 164 (93%) have not.

When comparing whether people see a practice nurse for their epilepsy and the collection point of the data (using chi-squared) there were no significant differences between the sources

How often do people obtain repeat prescriptions for their antiepileptics? (n = 173)

Table 4 outlines how frequently people obtain repeat prescriptions for their antiepileptics.

Table 4: Frequency of repeat prescriptions for antiepileptics (n = 173).

	Number	Percentage
Weekly	0	(0)
Monthly	128	(74)
Every 3 months	34	(20)
Every 6 months	5	(3)
Never, always see a doctor	6	(3)

Are doses of antiepileptics changed by GPs? (n = 169)

Table 5 outlines how often doses of antiepileptics are changed by GPs. When comparing whether doses are changed and the collection point of the data (using chi-squared) there were no significant differences.

Table 5: How often do GPs change doses of antiepileptics? (n = 169).

	Number	Percentage
Always	2	(1)
Frequently	4	(3)
Usually	7	(4)
Rarely	56	(33)
Never	100	(59)

Are antiepileptics changed by GPs? (n = 168)

Table 6 outlines how frequently GPs change antiepileptics. When comparing whether antiepileptics are changed and the collection point of the data (using chi-squared) there were no significant differences.

Table 6: How frequently do GPs change antiepileptics? (n = 168).

	Number	Percentage
Always	1	(1)
Frequently	0	(0)
Usually	3	(2)
Rarely	30	(18)
Never	134	(79)

If a change in dose or type of antiepileptic is made by a GP is the reason explained? (n = 58)

Fifty-three (92%) stated an explanation was given, three (5%) said not, and two (3%) could not remember.

Who do responders want to manage their epilepsy? ($n = 172$)

Thirty-three (19%) would prefer their GP alone, 34 (20%) would prefer their hospital consultant alone, 105 (61%) would prefer 'shared care'.

When comparing who people would like to manage their epilepsy and the collection point of the data there were significant differences between the general practice group and the secondary care group ($P \leq 0.000$ chi-squared); the general practice group and the BEA branch group ($P \leq 0.000$ chi-squared), the general practice group preferring GP and 'shared care' management, as opposed to consultant management.

Views on general practitioner management

Are you happy with the service provided generally by your GP? ($n = 164$)

Table 7 outlines how happy people are with GP services.

Table 7: Is the person happy with the service provided by their GP? ($n = 164$).

	Number	Percentage
Always	59	(36)
Frequently	15	(9)
Usually	48	(29)
Rarely	24	(15)
Never	18	(11)

Is it easy to discuss your epilepsy and any problems with your GP? ($n = 170$)

Table 8 outlines how easy people felt it was to discuss their epilepsy with their GP.

Table 8: How easy is it to discuss your epilepsy with your GP? ($n = 170$).

	Number	Percentage
Always	70	(41)
Frequently	16	(9)
Usually	40	(24)
Rarely	29	(17)
Never	15	(9)

Does your GP provide enough information about epilepsy? ($n = 166$)

Table 9 outlines how frequently people felt their GP provided enough information about epilepsy.

When comparing the previous three categories and the collection point of the data the general practice group's views were significantly different from the views of the secondary clinic and BEA branch groups on a number of issues. The general practice group stating greater satisfaction with all categories except provision of information.

Table 9: Does your GP provide enough information about your epilepsy? ($n = 166$).

	Number	Percentage
Always	20	(12)
Frequently	6	(4)
Usually	44	(26)
Rarely	41	(25)
Never	55	(33)

There were no significant differences between the views of the hospital and BEA branch groups.

Are you happy with the service provided generally by your GP?

Comparing the responses:

general practice vs. secondary clinic ($P \leq 0.013$ chi-squared);

general practice vs. BEA Branch ($P \leq 0.001$ chi-squared).

Is it easy to discuss your epilepsy and any problems with your GP?

Comparing the responses:

general practice vs. secondary clinic ($P \leq 0.014$ chi-squared);

general practice vs. BEA Branch ($P \leq 0.018$ chi-squared).

Does your GP provide enough information about epilepsy?

Comparing the responses:

general practice vs. secondary clinic ($P =$ ns chi-squared);

general practice vs. BEA Branch ($P =$ ns chi-squared).

Service developments that people with epilepsy would like at their surgery

Free text comments were invited on the above issue, and of 178 questionnaires 90 contained comments.

Thirty-nine comments concerned the provision of information. Of those comments which gave an opinion on the quality of information, eight were happy with the information available but 31 would have liked more. This reinforced the quantitative data that more information should be available.

Patients would like: more information on drugs (7), more time to talk (9), discussion of epilepsy (9), employment (2), effects of epilepsy on the mind (3), patient organisations (3) and more contact with a specialist nurse (4).

Comments included: 'More information and more time'; 'More information about epilepsy should be available'; and 'I would like more information in general and a chance to talk to someone when depressed'.

Other comments concerned: easier access to doctors, the availability of more frequent appointments, regular medication review, less frequent repeat prescriptions, the availability of skilled counselling, better liaison between primary and secondary care doctors, a quicker service for urgent problems—perhaps supported by home visits by the GP, the GP having a broader factual knowledge of epilepsy—especially seizure types and usage of antiepileptics and a preference to see the same doctor on each occasion with longer consultation time.

Comments included: 'It would be nice to have more time to talk over problems relating to epilepsy'; 'I am always conscious of spending time talking to my GP; therefore not relaxed enough to tell him my anxieties'; and 'Easier access to doctors'.

Preference for service delivery

Further free text comments showed a preference for secondary care (21) but satisfaction with primary care (8). An improvement in care after moving from a secondary neurology clinic to a tertiary epilepsy service was specifically mentioned in four comments. The benefits outlined from a tertiary clinic were the better provision of information and the time offered when attending the clinic.

Comments included: 'Always consult my specialist; more qualified and experienced in this field'; 'I have never really needed special attention from my GP as I have always been under the care of the specialist. However, he (the GP) has always been available as a go-between as and when required'; and 'From my past attention from various neurologists who had various knowledge on epilepsy, I have been much more satisfied with treatment I now receive from those who specialise in epilepsy'.

DISCUSSION

When compared with the studies completed by Hauser, Sander and Muir[14–17], the sample group was biased towards females. The age of diagnosis of the sample was similar to the study completed by Goodridge and Shorvon[18]. In comparison with other earlier studies their seizure frequency was also relatively high[1,17,19]. The latter was probably accounted for by the fact that most of the questionnaires were collected in secondary care clinics and BEA branches. As might be expected the seizure frequency of the people submitting questionnaires from general practice was significantly lower. Although the sample is relatively large and drawn from different contact points and geographical areas, this study is based on a convenience sample of active users of epilepsy services. Population bias must therefore be kept in mind when interpreting the results.

Over 50% of responders visited their GP for their epilepsy only when needed and only 9% had an organised regular review for their epilepsy. This was rather lower than the 17% found by Ridsdale *et al.*[19]. These two observations suggest that epilepsy services in general practice are provided in an opportunistic way, rather than a structured approach.

Only 3% attended a special epilepsy clinic and only 7% had seen a practice nurse which again suggests that formal approaches using other members of the primary health care team are unusual.

It is difficult to know whether a more structured approach would be welcomed by people with epilepsy, but it is known from audit work that potential problems are missed and care is not optimal for some people using this informal approach[1,3–6,20]. Offering a regular review may improve care.

It is rare for GPs to change drug doses, 92% of people stated that doses were never or rarely changed. This result was even more dramatic when considering a change of antiepileptic, 97% of responders never or rarely had antiepileptics changed by their GP. You would expect little intervention in a well-controlled group of people; however, this group did have frequent seizures. This situation may be due to either GPs having little confidence in the use of antiepileptics or not being seen as the lead professional in this area. Jacoby *et al.*[20] found that GP confidence did affect a willingness to become involved in treatment. Educational initiatives for primary care should bear this in mind.

Like other studies this study found the provision of information about epilepsy and its implications to be rather poor[13,19–21]. Nearly two-thirds of people could recall being told what epilepsy was and this was the most common topic discussed. Forty percent of people could not recall receiving information about driving, with the legal implication this figure is unacceptable. Nearly 80% of people could not recall first aid having been discussed. Despite publicity about the importance of contraceptive and pre-conception advice, only one-third of women could recall receiving any.

Where information about epilepsy and its potential implications had been provided, the GP does have an active role as nearly half of responders stated that their

GP had provided some or all of the information. Over three-quarters said the hospital doctor had been involved. The role of non-medical professionals appeared to be small and, like the findings of Ridsdale *et al.*[19], would appear to be ripe for development.

These observations on drug management and information provision may suggest that GPs see themselves as having more of a supporting role in the management of epilepsy rather than initiating change. This approach may or may not be logical, mainly dependent on the quality of secondary care[22]. The seizure frequency of this sample group would suggest that active clinical intervention was needed from some source.

Most people seemed reasonably content with the service they were receiving from general practice, with nearly three-quarters being usually, frequently or always happy. A similar number found that they could easily discuss problems concerning their epilepsy with their GP. As mentioned earlier, far fewer were content with the amount of information provided, nearly 60% being rarely or never satisfied. Interestingly, this lack of information may not mean that a person is unhappy with the service provided.

The collection point of the data affected the results concerning satisfaction with care as a whole, and how easy it was to discuss epilepsy problems with a GP. Data collected from general practice was significantly more positive than that collected from secondary care and BEA branches. This is perhaps understandable, but does call into question the validity of data collected in secondary care suggesting people with epilepsy are happy with and prefer secondary care services. It does suggest that consumer opinion about present and future care should be collected from a community sample, to give a more representative sample of all people with epilepsy, as opposed to just those using secondary and tertiary services, and predominantly, by definition, have difficult to control epilepsy.

These differences of opinion were again apparent when people were asked who they would like to manage their epilepsy: their GP, their consultant or both through 'shared' care. A previous study by Jain[13] suggested that people prefer consultant care, conversely other studies by Ridsdale *et al.*[19] and one by Mills[23] suggested people preferred GP care, but data from this study suggested that the answer depends on where the data are collected. Most pointedly, the majority of people preferred 'shared' care.

Data obtained from the free text comments confirmed a need for additional information on topics like antiepileptics and employment. However, just as important was a simple request for more time, and therefore, the chance to discuss epilepsy more fully.

Patients saw their GP as a potential source of information and were happy with the general services offered. However, sometimes they did not see their GP as a lead professional in epilepsy management. A need for the GP to have a better knowledge about antiepileptics and seizure classification was seen as important.

A preference for continuing care by the same doctor was seen to be beneficial and a goal for future care. The benefits of continuing care by the same doctor has been investigated and found to be less important than doctors improving their communication skills[24]. Even so, people in this study did see continuity as important.

CONCLUSIONS

General practice care for epilepsy is presently reactive. A more structured approach with planned reviews could be beneficial for patients.

People were generally content with family doctor services. However, 'shared care' was the most popular option in this study.

Increased information provision is seen to be a priority by people with epilepsy. General practice may be a good vehicle for this provision as a number of patients found their GP easy to talk to. If primary care is to provide this information, it must be accurate and up to date. In particular, some respondents felt that GPs needed to improve knowledge of seizure types and antiepileptic medication.

The collection point of the data appears to have affected the results. This must be borne in mind when drawing conclusions from previous studies that were completed solely in secondary and tertiary care. It is, therefore, reasonable to suggest that any future conclusions about the organisation of epilepsy care must draw on data collected from community patient samples.

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REFERENCES

1. Chappel, B. and Hall, W.W. Managing epilepsy in general practice: the dissemination and uptake of a free audit package, and collated results from 12 practices in England and Wales. *Seizure* 1997; 6: 9–12.
2. Deeble, J. Medical Services through Medicare. In: *National*

Health Strategy. Background Paper no. 2. Melbourne, Treble Press 1991: pp. 29–30.
3. Lloyd-Jones, A. Medical audit of the care of patients with epilepsy in one group practice. *Journal of the Royal College of General Practitioners* 1980; **30**: 396–400.
4. Cooper, G.L. and Huitson A. An audit of the management of patients with epilepsy in thirty general practices. *Journal of the Royal College of General Practitioners* 1986; **36**: 204–208.
5. Taylor, M.P. Epilepsy in a Doncaster Practice: audit and change over eight years. *Journal of the Royal College of General Practitioners* 1987; **37**:116–119.
6. Hall, W.W. and Ross, D. General practice study of the care of epileptic patients. *Practitioner* 1985; **230**: 661–664.
7. Cumbria Medical Audit Advisory Group. *Cumbrian Standards for the Management of Patients with Epilepsy.* Booklet available from the MAAG, 1993.
8. Bradford Medical Audit Advisory Group. *Bradford Management Protocol for Epilepsy in General Practice.* Booklet available from the MAAG, 1994.
9. Doncaster Family Health Services Authority. *Guidelines for Epilepsy in Doncaster.* Booklet available from Doncaster Health Authority, 1995.
10. Leeds Medical Audit Advisory Group. *Leeds Guidelines for Epilepsy.* Booklet available from the MAAG, 1996.
11. Scottish Intercollegiate Guidlines Network (SIGN). *Diagnosis and Management of Adult Epilepsy in Primary and Secondary Care.* Available from SIGN, 1997.
12. Hall, W.W., Martin, E.E.J. and Smithson, W.H. *Epilepsy: A General Practice Problem.* Royal College of General Practice Clinical Series, 1997.
13. Jain P., Patterson, V.H. and Morrow, J.I. What people want from an epilepsy clinic. *Seizure* 1993; **2**: 75–78.
14. Hauser, W.A. and Kurland, L.T. The epidemiology of epilepsy in Rochester, Minnesota, 1935 through 1967. *Epilepsia* 1975; **16**: 1–66.
15. Sander, J.W., Hart J.M. and Johnson A.L. *et al.* National general practice study of epilepsy: newly diagnosed epileptic seizures in a general population. *Lancet* 1990; **336**: 1267–1271.
16. Tobias, S.E., Adam F. and Brodie, M.J. An outcome audit at the epilepsy clinic: results from 1000 consecutive referrals. *Seizure* 1994; **3**: 37–43.
17. Muir, T.M., Bradley, A. and Wood, S.F. *et al.* An audit of treated epilepsy in Glasgow. *Seizure* 1996; **5**: 41–46.
18. Goodridge, D.M.G. and Shorvon, S.D. Epileptic seizures in a population of 6000. *British Medical Journal* 1983; **287**: 641–7.
19. Ridsdale, L., Robins, D. and Fitzgerald, A. *et al.* Epilepsy monitoring and advice recorded: general practitioners' views, current practice and patients' preferences. *British Journal of General Practice* 1996; **46**: 11–14.
20. Jacoby, A., Graham-Jones, S. and Baker, G. *et al.* A general practice records audit of the process of care for people with epilepsy. *British Journal of General Practice* 1996; **46**: 595–599.
21. Chappell, B. Epilepsy: patient views on their condition and treatment. *Seizure* 1992; **1**: 103–109.
22. Taylor, M.P. Epilepsy care: a need for change. *British Journal of General Practice* 1994; **44**: 386–387.
23. Mills, N., Bachmann, M. and Harvey I. *et al.* Patients' experience of epilepsy and health care. *Family Practice* 1997; **14**: 117–123.
24. Freeman, G.K. and Richards, S.C. Personal continuity and the care of patients with epilepsy in general practice. *British Journal of General Practice* 1994; **44**: 395–399.

Patient Questionnaire–Epilepsy Care in General Practice (Your Local Surgery)

For office use only

All information provided by you on this form will remain anonymous.

GENERAL BACKGROUND ABOUT YOURSELF

1 How old are you? _____

2 How old were you when your epilepsy was diagnosed? _____

3 Are you male or female? _____

4 What is you marital status? _____

5 How many seizures (fits) are you having per annum? _____

Has a health professional ever discussed any of these things with you in relation to your epilepsy? (tick as many boxes as you like)

☐ what epilepsy is ☐ driving ☐ pregnancy ☐ video/computer games
☐ employment ☐ contraception ☐ alcohol
☐ first aid ☐ flashing lights ☐ cause for your epilepsy

If yes to any, by whom? _____
(e.g. hospital doctor, surgery doctor, hospital nurse, surgery nurse, epilepsy charity worker)

7 Have you ever made contact with or asked for advice from an epilepsy association? (please tick one box) (e.g. British Epilepsy Association, National Society for Epilepsy, Epilepsy Association of Scotland, Welsh Epilepsy Association or Mersey Region Epilepsy Association)

☐ yes ☐ no ☐ don't know

8 In the case of employment are you presently? (please tick one box)

☐ employed full time ☐ employed part time ☐ unemployed and seeking work
☐ unemployed, but not seeking work ☐ in education
☐ retired due to epilepsy ☐ retired

If employed full or part time. What is your job?

_____

NOW PLEASE TURN OVER

Patient Questionnaire–Epilepsy Care in General Practice (Your Local Surgery)

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GENERAL BACKGROUND ABOUT YOUR SURGERY

9 What type of area do you think your surgery is in? (please tick one box)

☐ an inner city ☐ the suburbs of a town/city ☐ a rural area

10 How many doctors work at your surgery? _____

11 Does your surgery have a practice nurse/s? (please tick one box)

☐ yes ☐ no

12 How often do you see a doctor at the surgery for your epilepsy? (please tick one box)

☐ monthly ☐ every three months ☐ every six months
☐ every 12 months ☐ only when needed ☐ never

13 Do your ever get an invitation for an appointment at your surgery to discuss your epilepsy? (as opposed to you asking) (please tick one box)

☐ yes ☐ no If yes, how frequently? (state monthly period)_____

14 Do you ever see a practice nurse about your epilepsy? (please tick one box)

☐ yes ☐ no

15 Does your surgery have a special clinic for epilepsy? (please tick one box)

☐ yes ☐ no ☐ don't know

16 How often do you get repeat prescriptions for your epilepsy drugs? (a prescription ordered and collected from the surgery without seeing a doctor) (please tick one box)

☐ weekly ☐ monthly ☐ three monthly
☐ six monthly ☐ never (always see doctor)

17 Does your doctor at the surgery ever alter the *dose* of the epilepsy drug/s you take? (please tick one box)

☐ always ☐ frequently ☐ usually ☐ rarely ☐ never

18 Does your doctor at the surgery ever change the *type* of epilepsy drug/s you take? (please tick one box)

☐ always ☐ frequently ☐ usually ☐ rarely ☐ never

If you have answered NEVER to both question 17 & 18 move to question 21 on the next page. If not carry on from question 19.

19 If your doctor at the surgery alters the dose or type of epilepsy drug/s you take, does he/she explain the reason for the change? (please tick one box)

☐ yes ☐ no ☐ can't remember

NOW PLEASE TURN TO NEXT PAGE

Patient Questionnaire–Epilepsy Care in General Practice (Your Local Surgery)

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GENERAL BACKGROUND ABOUT YOUR SURGERY

20 If the doctor at your surgery changes the epilepsy drug/s you take and you are unsure about the reason for the change is there anyone else in addition to the surgery doctor that you can ask? (please tick one box)

☐ yes ☐ no ☐ unsure

If yes, by whom? _____
(e.g. hospital doctor, hospital nurse, surgery nurse, epilepsy charity worker)

21 Does your doctor at the surgery provide you with enough information about your epilepsy and some of its potential implications? (pleae tick one box)

☐ always ☐ frequently ☐ usually ☐ rarely ☐ never

22 Do you feel it is easy to discuss your epilepsy and any problems you have with your doctor at the surgery? (please tick one box)

☐ always ☐ frequently ☐ usually ☐ rarely ☐ never

If rarely or never. Why? _____

_____

23 Since your epilepsy was diagnosed how often have you been happy with the service your surgery has offered for the management of your epilepsy? (please tick one box)

☐ always ☐ frequently ☐ usually ☐ rarely ☐ never

24 Is there anything that you would like changed at your surgery regarding the care of your epilepsy? (as an example you may have wanted: more time at appointments; more frequent appointments; more chances to see the nurse; more information about epilepsy—drugs—driving—other special implications etc.) (write your answers below)

_____

_____

_____

_____

_____

25 Who would you prefer your epilepsy to be looked after by? (please tick one box)

☐ your GP ☐ your hospital doctor ☐ both

NOW PLEASE TURN OVER

Patient Questionnaire–Epilepsy Care in General Practice (Your Local Surgery)

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All information provided by you on this form will remain anonymous.

GENERAL BACKGROUND ABOUT YOUR SURGERY

26 If your would like to add any further comments please do so in the space below. If a comment is about a particular question please write the question number first.

You may remain anonymous if you wish, but it would be helpful if you could add your name and address below as we may want to contact you for further information.

Name_____

Address_____

_____

Tel No. _____

MANY THANKS FOR ALL YOUR HELP.